

NOV 20 2012

**Special 510(k) Summary  
for the S-LOK™ PSS Pedicle Screw System**

In accordance with 21 CFR 807.92 of the Federal Code of Regulations the following Special 510(k) summary is submitted for the S-LOK™ PSS Pedicle Screw System

**1. GENERAL INFORMATION**

**Date Prepared:** September 20, 2012

**Trade Name:** S-LOK™ PSS System

**Common Name:** pedicle screw system

**Classification Name:** orthosis, spinal pedicle fixation

**Class:** II

**Product Code:** MNI

MNH

**CFR section:** 21 CFR section 888.3070

**Device panel:** Orthopedic

**Legally Marketed** PSS System - K092128 / K090033 / K073240 / K071438

**Predicate Device:** Nu Vasive SpheRx PPS System - K090981

**Submitter:** Spinal USA  
2050 Executive Drive  
Pearl, MS 39208  
601-420-424

**Contact:** J.D. Webb  
1001 Oakwood Blvd  
Round Rock, TX 78681  
512-388-0199  
e-mail: jdwebb@orthomedix.net

**2. DEVICE DESCRIPTION**

The S-LOK™ PSS System is a top-loading, multiple component, posterior spinal fixation system which consists of pedicle screws, rods, cross links, locking cap screws and hooks. All of the components are available in a variety of sizes to match more closely the patient's anatomy.

**Change from Predicate:**

The purpose of this premarket notification is to make a modification to the surgical technique and add an instrument that is specific to that technique.

**Materials:**

Ti-6Al-4V ELI per ASTM F136

Commercially pure titanium per ASTM F67

CoCr per ASTM F1537

Stainless steel per ASTM F138

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### 3. SUBSTANTIAL EQUIVALENCE CLAIMED TO PREDICATE DEVICES

The S-LOK™ PSS System is substantially equivalent to the predicate devices in terms of intended use, design, materials used, mechanical safety and performances.

### 4. INTENDED USE

The S-LOK™ PSS System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudoarthrosis).

The S-LOK™ PSS System is also intended for non-cervical pedicle screw fixation for the following indications: severe spondylolisthesis (grades 3 and 4) of the L5-S1 vertebra in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion. It is also intended for the following indications: trauma (i.e. fracture or dislocation); spinal stenosis; curvatures (i.e. scoliosis, kyphosis, and/or lordosis); spinal tumor; pseudoarthrosis; and failed previous fusion.

### 5. NON-CLINICAL TEST SUMMARY

The following tests were conducted:

- Static axial gripping per ASTM F1798
- Static flexion/extension moment per ASTM F1798
- Cadaver study

The results of this testing indicate that the S-LOK™ PSS System is equivalent to predicate device(s).

### 6. CLINICAL TEST SUMMARY

No clinical studies were performed

### 7. CONCLUSIONS NONCLINICAL AND CLINICAL

Spinal USA considers the S-LOK™ PSS System to be equivalent to the predicate device listed above. This conclusion is based upon the devices' similarities in principles of operation, technology, materials and indications for use.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-002

Spinal USA  
% Orthomedix Group, Inc  
Mr. J.D. Webb  
1001 Oakwood Boulevard  
Round Rock, Texas 78681

Letter Dated: November 20, 2012

Re: K122931

Trade/Device Name: S-LOK™ PSS System  
Regulation Number: 21 CFR §888.3070  
Regulation Name: Pedicle screw spinal system  
Regulatory Class: Class II  
Product Code: MNI, MNH  
Dated: September 21, 2012  
Received: September 24, 2012

Dear Mr. Webb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOFFICES/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Mark N. Melkerson**

Mark N. Melkerson  
Director  
Division of Orthopedic Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## INDICATIONS FOR USE

510(k) Number (if known): K122931

Device Name: S-LOK™ PSS System

### Indications for Use:

The S-LOK™ PSS System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudoarthrosis).

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Prescription Use X  
(Part 21 CFR 801 Subpart D)

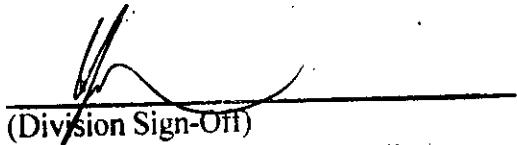
AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K122931